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37 C.F.R. 1.8

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[Handwritten signature of Steven L. Highlander]

RECEIPT
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Paul McCray
Guoshun Wang
Beverly Davidson
Mordechai Bodner
Steven M. Herrmann
Douglas Jolly

Serial No.: 09/448,613

Filed: November 22, 1999

For: METHODS AND COMPOSITIONS FOR
INCREASING THE INFECTIVITY OF
GENE TRANSFER VECTORS

Group Art Unit: 1641

Examiner: R. Schnizer

Atty. Dkt. No.: IOWA:022/SLH

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents
Washington, D.C. 20231

Sir:

A corrected filing receipt is hereby requested in view of the error which appears in the original. For the convenience of the Patent and Trademark Office, attached is a photocopy of the original receipt on which the error has been noted in red.

There is an error in the Filing date. The filing date of U.S. Application 09/448,613 is incorrect. Please delete the date "11/23/1999" and insert the correct date of **-11/22/1999--**. In

support of this requested correction, Applicants attach hereto a copy of the Express Mail slip # EM411133220US that was completed by a postal worker on November 22, 1999 at 8:15 PM.

No fee is believed to be due in connection with the filing of this document. However, should any fee under 37 C.F.R. §§ 1.16 to 1.21 be deemed necessary for any reason relating to this document, the Commissioner is hereby authorized to deduct said fee from Fulbright & Jaworski Deposit Account No.: 50-1212/10008931/SLH.

Please date stamp and return the enclosed postcard evidencing receipt of these materials.

Respectfully submitted,



Steven L. Highlander

Reg. No. 37,642

Attorney for Applicants

FULBRIGHT & JAWORSKI L.L.P.
600 Congress Avenue, Suite 2400
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Date: August 23, 2001

FILING RECEIPT



OC00000005277225

UNITED STATES DEPARTMENT OF COMMERCE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
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09/448,613 11/23/1999 1641 2180 IOWA:022 9 70 8

STEVEN L HIGHLANDER
 FULBRIGHT & JAWORSKI LLP
 600 CONGRESS AVENUE
 SUITE 2400
 HOUSTON, TX 78701

Date Mailed: 07/28/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

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Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CON OF 60/109,475 11/23/1998

Foreign Applications**If Required, Foreign Filing License Granted 12/21/1999****Title**

METHODS AND COMPOSITIONS FOR INCREASING THE INFECTIVITY OF GENE TRANSFER VECTORS

Preliminary Class

435

Data entry by : HORNE, CHERYL

Team : OIPE

Date: 07/28/2000



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
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- If your application was submitted under 37 CFR 1.10, your filing date should be the "date in" found on the Express Mail label. If there is a discrepancy, you should submit a request for a corrected Filing Receipt along with a copy of the Express Mail label showing the "date in."

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Small Parcel Post	<input type="checkbox"/> Small Parcel Post <input type="checkbox"/> Return	<input type="checkbox"/> Small Parcel Post <input type="checkbox"/> Return Label
Large Parcel Post	<input type="checkbox"/> Large Parcel Post <input type="checkbox"/> Return	<input type="checkbox"/> Large Parcel Post <input type="checkbox"/> Return Label
Commercial Mail	<input type="checkbox"/> Commercial Mail <input type="checkbox"/> Return	<input type="checkbox"/> Commercial Mail <input type="checkbox"/> Return Label
Vehicle Mail	<input type="checkbox"/> Vehicle Mail <input type="checkbox"/> Return	<input type="checkbox"/> Vehicle Mail <input type="checkbox"/> Return Label
Delivery Options	<input type="checkbox"/> Next Day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Next Day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Delivery Methods	<input type="checkbox"/> Air Mail <input type="checkbox"/> Surface Mail <input type="checkbox"/> Domestic <input type="checkbox"/> International	<input type="checkbox"/> Air Mail <input type="checkbox"/> Surface Mail <input type="checkbox"/> Domestic <input type="checkbox"/> International
Delivery Services	<input type="checkbox"/> Acceptance <input type="checkbox"/> Check Deposit	<input type="checkbox"/> Acceptance <input type="checkbox"/> Check Deposit
Delivery Options	<input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	<input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday

CUSTOMER USE ONLY

METHOD OF PAYMENT
Express Mail Corporate Acct No

X 78776

All Agency Acct No

Local Service Acct No

No Delivery
 Weekend
 Holiday

Method of Payment
 Check
 Credit Card
 Debit Card
 Money Order
 Other

Check Number

Debit Card Number

Money Order Number

Other

Check Date

Debit Card Date

Money Order Date

Other

Check Signature

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